



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name BHM				Location OSWEGO ST. UTICA, N.Y.				Date 11/19/86															
Facility Equipment	✓	Detector Clock No.	✓	Weapon No.	✓	Holster No.	✓	Nightstick No.	✓	Raincoat No.	✓	Flashlight No.	✓	Other											
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) CHUFF						Officer—Swing Shift (Name)						Officer—Grave Shift (Name) DALE LEARNARD											
		Shift Began 12 AM-PM Ended 12 MID-AM-PM						Shift Began AM-PM Ended AM-PM						Shift Began 12 :00 AM-PM Ended 12 :00 AM-PM											
Observations or actions taken	Yes	No	Explanation																						
Rounds or stations missed		✓	MADE VISUAL CHECK																						
Unlocked doors, gates or windows		✓																							
Unlocked vaults or safes		✓																							
Fire-smoke or hazards		✓																							
1. Extinguishers missing or defective		✓																							
2. Sprinkler system defective		✓																							
3. Fire doors or exits blocked		✓																							
4. Rubbish accumulation		✓																							
5. Motors running		✓																							
6. Lights left burning	✓		AS NEEDED																						
Injury hazards		✓																							
Visitors	✓		SEE REMARKS																						
Trespassing		✓																							
Violation of company rules		✓																							
Remarks MADE VISUAL CHECK OF PERIMETER EVERY HOUR. AT 5:00 P.M. PORTERSON WAS DELIVERED, I SIGNED BILL FOR IT. AT 5:15 P.M. THE FATHER OF THE CHILDREN INVOLVED IN INCIDENT HERE STOPPED + ASKED ABOUT THE LIGHTS. I TOLD HIM THAT ELECTRICIANS WERE IN PROCESS OF TAKING CARE OF THE LIGHTS.																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post. (P)																									
1. Were you injured during this tour?		Day Shift Yes No		1. Yes No		2. Yes No		3. Yes No		Swing Shift Yes No		1. Yes No		2. Yes No		3. Yes No		Grave Shift Yes No		1. Yes No		2. Yes No		3. Yes No	
2. Did you suffer any illness?		Day Shift Yes No		1. Yes No		2. Yes No		3. Yes No		Swing Shift Yes No		1. Yes No		2. Yes No		3. Yes No		Grave Shift Yes No		1. Yes No		2. Yes No		3. Yes No	
3. Have you reported all accidents coming to your attention?		Day Shift Yes No		1. Yes No		2. Yes No		3. Yes No		Swing Shift Yes No		1. Yes No		2. Yes No		3. Yes No		Grave Shift Yes No		1. Yes No		2. Yes No		3. Yes No	
Signatures		1. Phil Chuff								Swing Shift 1.								Grave Shift 1. Dale Learnard							
Signatures		2.								2.								2.							
Signatures		3.								3.								3.							

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